



6951 Buckeye St.  
Chino, CA 91710  
Tel: 909-923-2820  
Fax: 909-947-8497 **Carrier**

# STRAIGHT BILL OF LADING

Shipper's No. \_\_\_\_\_

Carrier's No. \_\_\_\_\_

Consignee (TO)				Shipper (FROM)			
Street Address				Street Address			
City		ZIP (REQUIRED)		City		ZIP (REQUIRED)	
P.O. Number		STORE#		DEPARTMENT#		Bill Of Lading Number	
STORE#		DEPARTMENT#		STORE#		DEPARTMENT#	
Consignee Phone #		Contact Name (Attention)		<b>Check One:</b> <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> Third Party CHARGES ARE PREPAID UNLESS OTHERWISE MARKED			
Bill To: <b>C/O Transportation On Demand</b>				Received \$ _____ to be delivered in the prepayment on the property described hereon. (Agent or Cashier) _____			
Street Address							
City		ZIP (REQUIRED)					

No. PCS	PKG. TYPE	HM*	DESCRIPTION OF ARTICLES & SPECIAL MARKS	WEIGHT	NMFC N O.	CLASS	VALUE
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>	Total Cube:				

\*Mark with an "X" to designate hazardous materials as defined in title 49 of the Code Fed. of Reg. **Hazardous material emergency contact #**

<b>Additional Services:</b> <input type="checkbox"/> Inside Delivery Required <input type="checkbox"/> Residential Delivery <input type="checkbox"/> Lift Gate Delivery Required <input type="checkbox"/> Sort and Segregate <input type="checkbox"/> Notification Before Delivery <input type="checkbox"/> Other: _____	<b>Remit C.O.D Cash / Check To:</b> _____ _____
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METHOD OF PAYMENT (REQUIRED) <b>COD FEE</b> <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect	<b>COD AMT \$</b> _____	<input type="checkbox"/> CONSIGNEE CHECK ACCEPTABLE <input type="checkbox"/> CERTIFIED CHECK OR CASH
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CARRIER LIABILITY: Carrier liability for loss or damage will be the lesser of (1) the actual invoice value of the article(s) lost, damaged or destroyed; or\*\* (2) the amount determined from applicable limited liability provisions of the NMFC; or (3) the limited liability as stated in applicable governing tariffs, unless a higher value is declared in writing on the bill of lading at the time shipment and applicable charges are paid.  
 \*\*Where a "rate" is dependent on value, the agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \_\_\_\_\_ per \_\_\_\_\_

PLACE CARRIER PRO LABEL HERE	Trailer Number: _____	Linear Feet of Shipment: _____
	Seal # Applied: _____	
	Beyond SCAD: _____	Cross Ref. Pro# _____

SHIPPER LOAD / CONSIGNEE UNLOAD

Rule #575 Dimensions (in feet): \_\_\_\_\_ (L) \_\_\_\_\_ (W) \_\_\_\_\_ (H)

Firm Name: \_\_\_\_\_ Carrier: \_\_\_\_\_ Driver: \_\_\_\_\_  
 Signed By: \_\_\_\_\_ Date Received: \_\_\_\_\_ Carrier Piece Count: \_\_\_\_\_